



ID: _____

Date: ____/____/____

Visit (check one):

RI ☐ 5

IFP/I ☐ 6

IFP/II ☐ 7

IFP/III ☐ 8

Medication Questionnaire

1. Are you now regularly taking any medicine or nutritional supplements? Yes No
 ☐1 ☐2

1a.) If yes to question 1, please describe _____

2. Are you now regularly taking any of the following? Yes No
 ☐1 ☐2

(tums, rolaid, metamucil, alka seltzer, Bisodol powder,
bromo-seltzer, baking soda toothpaste, baking soda for upset stomach
or chewing tobacco)

2a.) If yes, what are you taking? _____

3. In the past month, have you or your physician changed the dosage of
any medications you take regularly? Yes No
 ☐1 ☐2

3a.) If yes, what medications? _____

Reviewed by: _____
 Clinician signature Date

Reviewed by (staff ID): _____

Entered by (staff ID): _____

Administration and Coding Instructions for Medication Questionnaire

General Coding Instructions

- 1) Use correct version of form. The correct version will always be on the file server.
- 2) Use either black or blue pen on all forms, not pencil.
- 3) Make sure each question is answered.
- 4) All corrections are made by first making a slash through the incorrect entry and writing the correct entry next to it. Then, alongside the corrected entry, write your initials, the date of the correction and a note about why the correction was made. (e.g., RL, 7/30/97, incorrect ID)
- 5) The "Entered by" staff ID # should not be written until the form is entered.

This questionnaire is designed to identify individuals who have started taking medications that would exclude them from further participation in the study. It is administered during the last week of Run-in and between days 24 and 30 of each Intervention feeding period. All positive responses should immediately be brought to the attention of a DASH2 clinician, who initiates appropriate action taken in accordance with the protocol, and then signs the form.

ID #:

Neatly place the label for the ID number that has been assigned on the line, and check to make sure the numbers and letters have been copied correctly. Assure that the ID # contains the first three letters of the participant's last name and the first two letters of the first name. If the letters in the ID # do not match the name of the participant, something is wrong and will need to be corrected before going further.

Date:

Clearly enter the date when the form is being completed, use leading zeros as appropriate (08/14/1997 represents the date of August 14, 1997). Be sure to use a four digit year.

Type of Visit:

Check in the appropriate box to designate whether form is completed during Run-in, Intervention feeding period 1, Intervention feeding period 2, or Intervention feeding period 3.

Item 1. Now regularly taking any medicine or nutritional supplements?

If response is Yes, fill out item 1a. and refer to DASH2 clinician.

Item 2. Now regularly taking (listed items)?

If response is Yes, fill out item 2a. and refer to DASH2 clinician.

Item 3. Changed dosage of any medications in the past month?

This question is for documentation of change only.

Clinician signature:

Must be filled in if responses to Item 1 or Item 2 is Yes.

Date:

Date reviewed by Clinician. Must be filled in if responses to Item 1 or Item 2 is Yes.

Reviewed by:

Record the Staff ID # of the person reviewing the form.

Entered by:

Record the Staff ID # of the person entering the data in the computer.